

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	K Kosmoski 10/20	
1. Article Addressed to:	C. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
Mr. Kenneth J. Kosmoski 1711 East Marion Street Shorewood, Wisconsin 53211	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	D. Is delivery address different from item 1? If YES, enter delivery address below	
TSCA-05-2010-0006	RECEIVED OCT 26 2010	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7009 1680 0000 7662 0055		
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	10-22-10	
1. Article Addressed to:	C. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
Mr. Kristin Gillan 4848 North Lydell Avenue, Apt. 108 Milwaukee, Wisconsin 53217	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	D. Is delivery address different from item 1? If YES, enter delivery address below	
TSCA-05-2010-0006	RECEIVED OCT 26 2010	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7009 1680 0000 7662 0062		
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424